

## **JAN. 1, 2009 CHANGE IN ELIGIBILITY FOR SPECIALTY SERVICES FOR CHILDREN WITH ASD**

### **FREQUENTLY ASKED QUESTIONS**

*1. Will children currently receiving specialty services who do not yet have a confirmed diagnosis be able to continue in specialty services?*

Yes – children enrolled in Specialty Services before Jan. 1, 2009 will come under the rules in existence when they enrolled: must have a provisional diagnosis from a primary care provider, must have a positive screen on the M-CHAT, and must have been referred for a comprehensive evaluation. The diagnosis must be confirmed by an experienced clinician within six months from the date of the provisional diagnosis for the child to remain eligible for Specialty Services.

*2. Will children who are in the intake process with a Specialty Service provider before January 1, 2009 be eligible for services if they have not yet had a comprehensive evaluation?*

Yes – as long as children are referred to a Specialty Service provider before Jan. 1, 2009 they will be eligible for specialty services under the rules that went into effect in Jan. 2008: they must have a provisional diagnosis from a primary care provider, must have a positive screen on the M-CHAT, and must be referred for a comprehensive evaluation. The diagnosis must be confirmed by an experienced clinician within six months from the date of the provisional diagnosis for the child to remain eligible for Specialty Services.

*3. Is there anything an EI Specialist can do to help a family get an appointment for a comprehensive evaluation?*

Yes – send the evaluator or diagnostic center any information you have that indicates the child is at risk for being on the autism spectrum. This could include M-CHAT results, brief notes highlighting their concerns about the child and/or relevant family history (e.g., a sibling with autism, a sibling with significant language processing problem, a parent with Asperger's). Some diagnosticians consider this information when prioritizing appointment slots.

*4. Why is the M-CHAT no longer considered sufficient for entry into Specialty Services?*

Recent research indicates the M-CHAT casts a wide net. It identifies children with a variety of developmental concerns but may not be as specific to identifying those with ASD as once thought. The M-CHAT follow-up questionnaire is helpful in reducing the false-positive rate, but it is not likely to be used by many primary care practitioners.

*5. Is there a list of diagnosticians?*

A list of clinicians known to specialize in evaluating children at risk for ASD is available from Tracy Osbahr ([tracy.osbahr@state.ma.us](mailto:tracy.osbahr@state.ma.us)). It is not all-inclusive and does not endorse any clinicians included on the list, but is based upon clinicians seen frequently in evaluations on file in Specialty Service Programs.